SUBJECT: State Medicaid Program and MC+ for Kids, Missouri's Health Insurance Program – Limited Disclosure of Children's Free and Reduced Price Meal or Free Milk Eligibility Information

This memorandum addresses disclosure of children's free and reduced price eligibility information for the State Medicaid Program (State Medicaid) and MC+ for Kids, Missouri's health insurance program.

The issues of privacy and confidentiality of personal data are complicated as well as sensitive. Therefore, prior to developing State and local disclosure policies, we recommend that LEAs discuss the disclosure provisions with their legal counsel. At a minimum, LEAs that decide to disclose information that identifies individuals must follow these guidelines. These guidelines apply to eligibility information regardless of the manner in which the information is maintained including, but not limited to, print, tape, microfilm, microfiche, and electronic communication.

Disclosure of Children's Eligibility Information For Health Insurance Programs

Is disclosure of children's free and reduced price meal or free milk eligibility information for State Medicaid and MC+ for Kids required?

LEAs <u>may</u> disclose free and reduced price meal or free milk eligibility information to identify and enroll eligible children in State Medicaid or MC+ for Kids, provided the LEA's State agency and LEA elect to do so. LEAs are not required to disclose eligibility information. However, we encourage cooperation with State and local administrators of State Medicaid and MC+ for Kids because studies show that many children eligible for free and reduced price meals and free milk do not have health insurance.

What information may be disclosed for use by State Medicaid and MC+ for Kids and what health agencies or health insurance programs are eligible to receive the information?

LEAs may disclose names, eligibility status (whether they are eligible to receive free meals or free milk or reduced price meals), and any other eligibility information obtained through the free and reduced price meal and free milk eligibility process (including all information on the application or obtained through direct certification or verification) to persons directly connected with the administration of State Medicaid and/or MC+ for Kids.

Who are "persons directly connected" with the administration of State Medicaid and MC+ for Kids?

Persons directly connected with the administration of State Medicaid and MC+ for Kids for purposes of disclosure of free and reduced price meal and free milk eligibility information are State employees and persons authorized under Federal and State Medicaid and MC+ for Kids requirements to carry out initial processing of applications or to make eligibility determinations. Check with your State Medicaid /MC+ for Kids coordinator to determine the persons or entities in your State authorized to enroll children in Medicaid and MC+ for Kids.

Are there restrictions on how children's free and reduced price eligibility information may be used by State Medicaid and MC+ for Kids?

State Medicaid and MC+ for Kids agencies and health insurance program operators receiving children's free and reduced price meal or free milk eligibility information may only use that information to enroll children in State Medicaid or MC+ for Kids. The State Medicaid or MC+ for Kids enrollment process may include seeking to identify and identifying children from low income households, who are potentially eligible for State Medicaid or MC+ for Kids for the purpose of enrolling them in State Medicaid or MC+ for Kids.

Must households be notified that their free and reduced price meal or free milk eligibility information may be disclosed?

For any disclosures to State Medicaid and/or MC+ for Kids, parents/guardians **must** be notified of the potential disclosure and given the opportunity to elect not to have their children's information disclosed. The notification must inform the parent/s guardians that they are not required to consent to the disclosure, that the information will be used to enroll children in a health insurance program, and that their decision will not affect their children's eligibility for free and reduced-price meals or free milk. The notification may be included in the letter/notice to parents/guardians that accompanies the free and reduced price meal or free milk application, on the application itself or in a separate notice provided to parents/guardians. The notice must be given prior to the disclosure and parents/guardians should be given a reasonable time limit to respond. For children who are determined eligible through direct certification, the notice of potential disclosure may be in the document informing parents/guardians of their children's eligibility for free meals through direct certification.

We suggest that parents/guardians be given a minimum of 10 calendar days as a reasonable time in which to respond to a request that information not be disclosed. Additionally, in the event that a parent or guardian notifies the LEA past the deadline that he or she chooses not to permit disclosure of the child's eligibility, it would be prudent for the LEA to inform the recipient agency not to make any further use of that child's eligibility information.

Should we have an agreement with State Medicaid and or MC+ for Kids?

The LEAs must have a written agreement with the State or local agency or agencies administering State Medicaid and/or MC+ for Kids prior to disclosing children's free and reduced price meal or free milk eligibility information. At a minimum, the agreement must identify the health insurance program or health agency receiving children's eligibility information; describe the information that will be disclosed and specify that the information must only be used to seek to enroll children in State Medicaid or MC+ for Kids; describe how the information will be protected from unauthorized uses and disclosures; describe the penalties for unauthorized disclosure; and be signed by both the LEAs and the State Medicaid/MC+ for Kids program or agency receiving the children's eligibility information.

What are the requirements for disclosure of social security numbers?

When disclosing or using the social security number provided by the household on the application for any purpose other than the program for which the number was collected, the LEAs must modify the notice required by the Privacy Act of 1974 concerning the potential uses

of the social security number. The notice must inform households of the additional intended uses of the number

Are there any penalties for improper disclosure?

The National School Lunch Act establishes a fine of not more than \$1000 or imprisonment of not more than 1 year, or both, for publishing, divulging, disclosing, or making known in any manner or extent not authorized by Federal law, any eligibility information. This includes the disclosure of eligibility information by one entity authorized under the statue to receive the information to any other entity, even if that entity would otherwise be authorized to receive the information directly from the LEA. For instance, a State or local agency administering State Medicaid and/or MC+ for Kids which has received eligibility information from an LEA through a written agreement between the two agencies, may not disclose that information to any other health insurance program or health agency that is not a party to the written agreement.

These guidelines are effective October 1, 2000, and are subject to change pending issuance of a final rule addressing the disclosure provisions for State Medicaid and MC+ for Kids.

PROTOTYPE DISCLOSURE OF FREE AND REDUCED PRICE INFORMATION AGREEMENT

I. PURPOSE AND SCOPE

(Insert name of LEA) and (insert name of receiving agency) acknowledge and agree that children's free and reduced price meal and free milk eligibility information obtained under provisions of the National School Lunch Act (42 USC 1751 et. Seq.) or Child Nutrition Act of 1966 (42 USC 1771 et. Seq.) and the regulations implementing those Acts is confidential information. This Agreement is intended to ensure that any information disclosed by the (insert name of LEA) to the (insert name of receiving agency) about children eligible for free and reduced price meals or free milk will be used only for purposes specified in this Agreement and that the (insert name of LEA) and (insert name of receiving agency), recognize that there are penalties for unauthorized disclosures of this eligibility information.

II. AUTHORITY

Section 9(b)(2)(C)(iii) of the National School Lunch Act (42USC 1758(b)(2)(C)(iii) authorizes the limited disclosure of children's free and reduced price meal or free milk eligibility information to specific programs or individuals, without prior parent/guardian consent. Except that, the parent/guardian must be provided the opportunity to decline to share eligibility information prior to the disclosure for identifying children eligible for benefits under or enrolling children in the State Medicaid Program and the MC+ for Kids program. Additionally, the statue specifies that for any disclosures not authorized by the statute, the consent of children's parents/guardians must be obtained prior to the disclosure.

The *requesting* agency certifies that it is currently authorized to administer the following program(s) and that information requested will only be used by the program(s) indicated:

Medicaid or the MC+ for Kids, administered	All eligibility information,
by a State or local agency authorized under	unless parents elect not to
titles XIX or XXI of the Social Security Act.	have information disclosed.
Specify Program:	
State health program other than	Eligibility status only;
Medicaid/MC+ for Kids	consent not required.
Specify Program:	
Federal health program other than	NO eligibility information,
Medicaid/MC+ for Kids	unless parental consent is
Specify Program:	obtained.
Local health program	NO eligibility information,
Specify Program:	unless parental consent is
	obtained
Child Nutrition Program under the National	All eligibility information;
School Lunch Act or Child Nutrition Act.	consent not required.
Specify Program:	
Federal/State or local means tested nutrition	Eligibility status only;
program with eligibility standards comparable	consent not required.
to the National School Lunch Program:	
Specify Program:	
Federal education program.	Eligibility status only;
Specify Program:	consent not required.

State education program administered by a

State agency or local education agency.

Specify Program:

Local education program. Specify Program:

Information authorized

Eligibility status only;

NO eligibility information,

unless parental consent is

consent not required.

obtained

Check all That apply

Program

NOTE: Section 9(b)(2)(C)(iv) specifies that certain programs may receive children's eligibility status **only**, without parental consent. Parental consent must be obtained to disclose any additional eligibility information. Section 9(b)(2)(C)(iv) specifies that for State Medicaid or MC+ for Kids, parents must be notified and given opportunity to elect not to have information disclosed. Social security numbers may only be disclosed if households are given notice of the disclosure and the uses to be made of their social security numbers as required by Sec. 7 of the Privacy Act.

III. RESPONSIBILITIES

(Insert Name of LEA) will:

When required, secure parents/guardians consent prior to any disclosure not authorized by the National School Lunch Act or any regulations under that Act, unless prior consent is secured by the receiving agency and made available to the LEA.

For State Medicaid and MC+ for Kids, notify parents/guardians of potential disclosures and provide opportunity for parents/guardians to elect not to have information disclosed.

Disclose eligibility information only to persons directly connected to the administration or enforcement of programs authorized access under the National School Lunch Act or regulations under the Act or to programs or services for which parents/guardians gave consent.

Ensure that only persons who are directly connected with the administration or enforcement of

(Insert Name of Receiving Agency) will:

the (insert name of the Program) and whose job responsibilities require use of the eligibility information will have access to children's eligibility information:			
(Specify by name(s) or title(s)			
Use children's free and reduced price eligibility information for the following specific purpose(s):			
(Describe)			
Inform all persons that have access to children's free and reduced price meal eligibility information that the information is confidential, that children's eligibility information must only be used for purposes specified above, and the penalties for unauthorized disclosures.			
Protect the confidentiality of children's free and reduced price meal or free milk eligibility information as follows:			
(Specifically describe how the information will be protected from unauthorized uses and further disclosures.)			

Description of Procedures to Transfer Meal Eligibility Information (May be completed by either the LEA or receiving agency)

Describe the procedures for transferring students' meal eligibility information from the LEA to the requesting agency/program so as to limit the number of individuals who have access to the information.

IV. EFFECTIVE DAT	ES
This agreement shall be effe	ective fromto
V. PENALTIES	
not authorized by Federal la 1758(b)(2)(C) or a regulation	divulges, discloses, or makes known in any manner, or to any extent tw (Section 9(b)(2)(C) of the National School Lunch Act; 42 USC on, any information about a child's eligibility for free and reduced ll be fined not more than \$1,000 or imprisonment of not more than 1
VI. SIGNATURES	
information may be used or free and reduced price meal	at children's free and reduced price meal and free milk eligibility aly for the specific purposes stated above; that unauthorized use of and free milk information or further disclosure to other persons or a violation of Federal law which may result in civil and criminal
Requesting Agency/Progra	am Administrator
Printed Name:	
	Phone:
LEA Administrator	
Printed Name:	
Title:	Phone:

Prototype Parent/Guardian Notification for Medicaid/MC+ for Kids

Dear Parent/Guardian

Children with health insurance are more likely to get preventive health care and medical care when they are sick. This results in fewer absences from school because of illness and children coming to school ready to learn. If your children do not have health insurance, you will be interested to know that many families getting free and reduced price school meals can also get free or low-cost health insurance for their children. However, many families do not know about the health insurance programs available to them.

The law now allows us to share your free and reduced price meal eligibility information with Medicaid and MC+ for Kids, Missouri's Health Insurance Program. Medicaid and MC+ for Kids can only use the information to identify children who may be eligible for free or low-cost health insurance and to enroll them in either Medicaid or MC+ for Kids. They are not allowed to use the information from your free and reduced price meal benefit form for any other purpose. Medicaid officials or officials with MC+ for Kids may contact you to get more information.

You are not required to allow us to share information from your children's free and reduced price meal benefit form with Medicaid or MC+ for Kids. It will not affect your children's eligibility for free and reduced price meals. If you do **not** want your information shared with Medicaid or MC+ for Kids, you must let us know. You must complete the form below and send it back to your children's school by (insert date), if you do not want your children's free and reduced price meal eligibility information shared with Medicaid or MC+ for Kids. If you want further information, you may call (name of a school contact person) at (phone).

 \circ I **do not** want school officials to share information from my free and reduced price meal benefit form with Medicaid or MC+ for Kids.

Child's Name	School			
Child's Name	School			
Child's Name				
Signature of Parent/Guardian	Date			
Printed nameAddress				